PLEASE TYPE O	RPRINT	Entered previous May Show		
		yes yes	□ no	
Ms.				
☐ Mr. Artist 🗗				
Permanent 7 11 Address 12-20	w. bth s	ley TLD6 T. # 3of A	(Last Name Last)  CLEVE	
44113 Stre	et Tel. (244)	771-5	City	
Zip				
Temporary or Studio Address_				
			City	
CONTRACTOR OF THE PARTY OF THE	Tel.()	Special States		
Zip				
If you do not pre Western Reserve,				
	(If Any)			
If May Show entr			d:	
	k up at Museu			
	ild dispose of.			
Museum shou to this addr		t at artist's exp	ense	
Special Instructio				
When necessary in		estructions or a	drawing of	
how the object is				

This entry blank must be fully made out and signed. Unsigned

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain or exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Laid Schapper Derg

ENTRY BLANKS			
1. Pai	ntings □ 2. Graphics	3. Pho	otography
Materials			
SILVER	PRINT		
Title		1	13
LAKE	ELIZABETH		
Price or NFS	Insurance Value if NFS Only	Size 4	\$ "X7" &
	ICS AND PHOTOGRAPHY	YONLY	
Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
ACCEPTED DI			
		シ	REJECTED
1. Pa	aintings 🗆 2. Graphic culpture 🗆 5. Crafts		otography
Materials			
SILVER	PRINT		
Title 1 JOEL	EECTOL		
Price or NFS	Insurance Value If NFS Only	Size &	145"un
GRAI	PHICS AND PHOTOGRAP	HY ONLY	300
Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame

## Additional No. For Sale 2 3 Price of Frame 5 2 5 2 5 9 S 2 5 9